

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* GENTNER DUMMOND, in his official capacity as Attorney General of the State of Oklahoma  
was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)*,  
a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Melissa Dull/Receptionist, who is  
designated by law to accept service of process on behalf of *(name of organization)* Attorney General's Office of the State of  
Oklahoma.  
313 NE 21st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

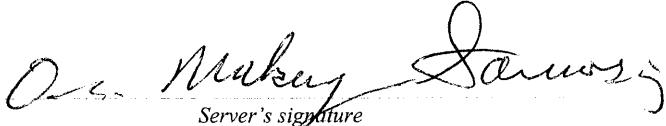
I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramosing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER  
Printed name and title

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Hair: Brownish/Blonde Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* STEVEN KATSIS, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023 .

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other *(specify):*

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*On May 5th, 2023*  
\_\_\_\_\_  
\_\_\_\_\_  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:  
Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* TREVOR NUTT, in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023.

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* CLAYTON BULLARD, in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023 .

I personally served the summons on the individual at *(place)* \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_ , a person of suitable age and discretion who resides there, on *(date)* \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Arista Andrews/Receptionist \_\_\_\_\_, who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision \_\_\_\_\_ 101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
\_\_\_\_\_  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

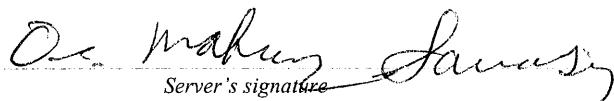
This summons for *(name of individual and title, if any)* SUSAN CHAMBERS, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision  
was received by me on *(date)* 05/05/2023

- I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or \_\_\_\_\_
- I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* Arista Andrews/Receptionist \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical  
Licensure and Supervision \_\_\_\_\_  
101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or \_\_\_\_\_
- I returned the summons unexecuted because \_\_\_\_\_ ; or \_\_\_\_\_
- Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramsing*  
\_\_\_\_\_  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:  
Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* LOUIS COX, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023

- I personally served the summons on the individual at *(place)* \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or
- I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_ , a person of suitable age and discretion who resides there, on *(date)* \_\_\_\_\_ , and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* Arista Andrews/Receptionist \_\_\_\_\_, who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision \_\_\_\_\_ 101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or
- I returned the summons unexecuted because \_\_\_\_\_ ; or
- Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramsing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) MARK FIXLEY, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on (date) 05/05/2023

- I personally served the summons on the individual at (place) \_\_\_\_\_ on (date) \_\_\_\_\_; or
- I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_, a person of suitable age and discretion who resides there, on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) Arista Andrews/Receptionist, who is designated by law to accept service of process on behalf of (name of organization) Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street, Oklahoma City, Oklahoma 73105 on (date) 05/05/2023; or
- I returned the summons unexecuted because \_\_\_\_\_; or
- Other (specify): \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:  
Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* JEREMY HALL, in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

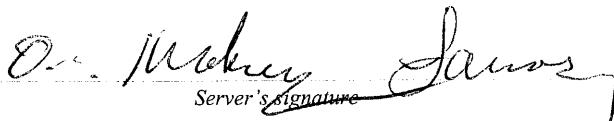
I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
\_\_\_\_\_  
*Makayla Saramosing*  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* **TIMOTHY HOLDER, M.D.**, in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* **05/05/2023**.

I personally served the summons on the individual at *(place)*

on *(date)* **05/05/2023**; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* **05/05/2023**, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* **Arista Andrews/Receptionist**, who is designated by law to accept service of process on behalf of *(name of organization)* **Oklahoma State Board of Medical Licensure and Supervision**

101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* **05/05/2023**; or

I returned the summons unexecuted because

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ **0.00**.

I declare under penalty of perjury that this information is true.

Date: **05/05/2023**

  
*Da. Makayla Saramsing*  
\_\_\_\_\_  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* ROBERT HOWARD, in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision .

101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
\_\_\_\_\_  
*Makayla Saramosing*  
\_\_\_\_\_  
\_\_\_\_\_  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

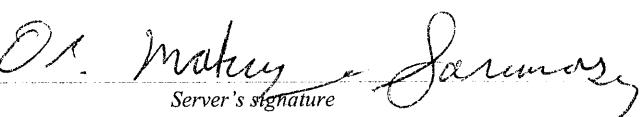
This summons for *(name of individual and title, if any)* ROSS VANHOOSER, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision  
was received by me on *(date)* 05/05/2023

- I personally served the summons on the individual at *(place)*  
on *(date)* ; or
- I left the summons at the individual's residence or usual place of abode with *(name)*, a person of suitable age and discretion who resides there,  
on *(date)* , and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is  
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical  
Licensure and Supervision  
101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or
- I returned the summons unexecuted because ; or
- Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramosing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* DON WILBER, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023 .

- I personally served the summons on the individual at *(place)* \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or
- I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_ , a person of suitable age and discretion who resides there, on *(date)* \_\_\_\_\_ , and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* Arista Andrews/Receptionist \_\_\_\_\_, who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision \_\_\_\_\_ 101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or
- I returned the summons unexecuted because \_\_\_\_\_ ; or
- Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
\_\_\_\_\_  
*Makayla Saramosing*  
\_\_\_\_\_  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) **KATHERINE O'DELL, D.N.P., R.N., in her official capacity as President of the Oklahoma Board of Nursing**  
was received by me on (date) **05/05/2023**

I personally served the summons on the individual at (place)

on (date) \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with (name)

, a person of suitable age and discretion who resides there,

on (date) \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) **Jenny Barnhouse/Executive Director** , who is  
designated by law to accept service of process on behalf of (name of organization) **Oklahoma Board of Nursing**  
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on (date) **05/05/2023** ; or

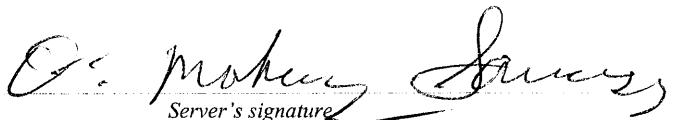
I returned the summons unexecuted because \_\_\_\_\_ ; or

Other (specify): \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ **0.00**

I declare under penalty of perjury that this information is true.

Date: **05/05/2023**

  
*Makayla Saramosing*  
Server's signature

**MAKAYLA SARAMOSING/PROCESS SERVER**

*Printed name and title*

**6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112**

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* KYLE LEEMASTER, M.B.A., R.N., in her official capacity as Vice-President of the Oklahoma Board of Nursing was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing 2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* SHAWN STACHOVIC, L.P.N., in her official capacity as a Secretary of the Oklahoma Board of Nursing  
was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing  
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

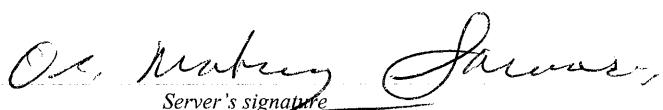
I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramosing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

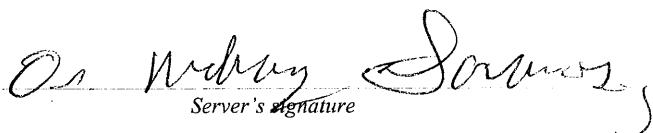
This summons for *(name of individual and title, if any)* SHELLY SWALLEY, M.S., R.N., in her official capacity as member of the Oklahoma Board of Nursing  
was received by me on *(date)* 05/05/2023

- I personally served the summons on the individual at *(place)*  
on *(date)* ; or
- I left the summons at the individual's residence or usual place of abode with *(name)*,  
, a person of suitable age and discretion who resides there,  
on *(date)*, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is  
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing  
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or
- I returned the summons unexecuted because ; or
- Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramosing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER  
Printed name and title

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

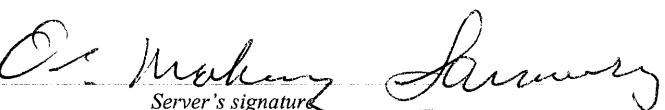
This summons for *(name of individual and title, if any)* LINDSAY POTTS, L.P.N., in her official capacity as a member of the Oklahoma Board of Nursing  
was received by me on *(date)* 05/05/2023

- I personally served the summons on the individual at *(place)*  
on *(date)* ; or
- I left the summons at the individual's residence or usual place of abode with *(name)*,  
a person of suitable age and discretion who resides there,  
on *(date)* , and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is  
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing  
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or
- I returned the summons unexecuted because ; or
- Other *(specify):*

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* AMBER GARRETSON, APRN-CNS, C.C.R.N., in her official capacity as a member of the Oklahoma Board of Nursing was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing

2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

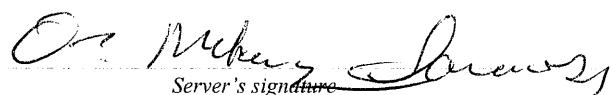
I returned the summons unexecuted because ; or

Other *(specify):*

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
\_\_\_\_\_  
*Makayla Saramosing*  
\_\_\_\_\_  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* NIKOLE HICKS, Ph.D, R.N., CNE, in her official capacity as a member of the Oklahoma Board of Nursing was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing 2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other *(specify):*

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* CALLIE RINEHART, M.S.N., R.N., C.P.N., in her official capacity as member of the Oklahoma Board of Nursing was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing

2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

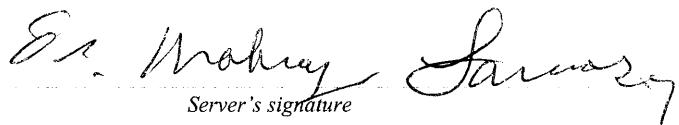
I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

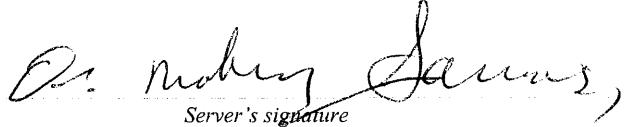
This summons for (name of individual and title, if any) SHASTON SALIE, L.P.N., in her official capacity as a member of the Oklahoma Board of Nursing  
was received by me on (date) 05/05/2023

- I personally served the summons on the individual at (place)  
on (date) ; or
- I left the summons at the individual's residence or usual place of abode with (name)  
, a person of suitable age and discretion who resides there,  
on (date) , and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) Jenny Barnhouse/Executive Director , who is  
designated by law to accept service of process on behalf of (name of organization) Oklahoma Board of Nursing  
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on (date) 05/05/2023 ; or
- I returned the summons unexecuted because ; or
- Other (specify):

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramosing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER  
Printed name and title

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* GEORGINA CALHOUN, in her official capacity as a member of the Oklahoma Board of Nursing  
was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing  
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

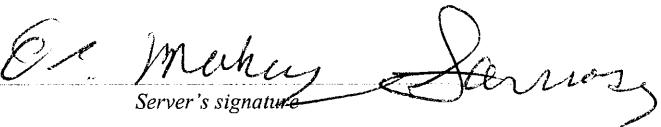
I returned the summons unexecuted because ; or

Other *(specify):*

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER  
*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* MARISA WRAPE, in her official capacity as member of the Oklahoma Board of Nursing  
was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is  
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing  
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

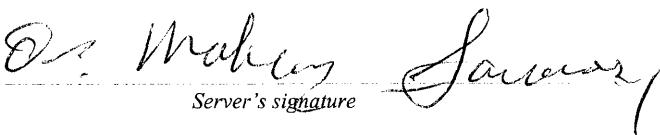
I returned the summons unexecuted because ; or

Other *(specify):*

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER  
*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

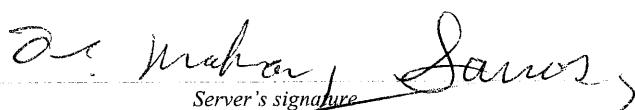
This summons for *(name of individual and title, if any)* BRET S. LANGERMAN, D.O., in his official capacity as President of the Oklahoma State Board of Osteopathic Examiners was received by me on *(date)* 05/05/2023 .

- I personally served the summons on the individual at *(place)* \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or
- I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_ , a person of suitable age and discretion who resides there, on *(date)* \_\_\_\_\_ , and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator \_\_\_\_\_ , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners 4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or
- I returned the summons unexecuted because \_\_\_\_\_ ; or
- Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramosing*  
\_\_\_\_\_  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* CATHERINE C. TAYLOR, J.O., in her official capacity as Vice-President of the Oklahoma State Board of Osteopathic Examiners was received by me on *(date)* 05/05/2023

- I personally served the summons on the individual at *(place)* \_\_\_\_\_ on *(date)* \_\_\_\_\_; or
- I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_, a person of suitable age and discretion who resides there, on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator \_\_\_\_\_, who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners \_\_\_\_\_ 4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023; or
- I returned the summons unexecuted because \_\_\_\_\_; or
- Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* DUANE G. KOEHLER, D.O., in his official capacity as Secretary-Treasurer of the Oklahoma State Board of Osteopathic Examiners was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners

4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramsing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* KATIE L. TEMPLETON, J.O., in her official capacity as a member of the Oklahoma State Board of Osteopathic Examiners was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners

4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

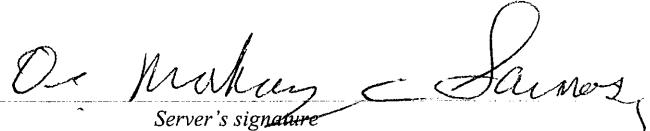
I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
\_\_\_\_\_  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* LEROY E. YOUNG, D.O., in his official capacity as a member of the Oklahoma State Board of Osteopathic Examiners was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners

4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

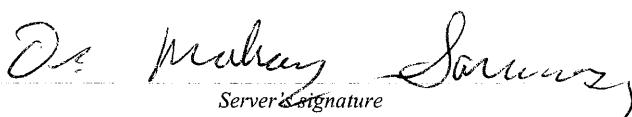
I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* DENNIS J. CARTER D.O., in his official capacity as a member of the Oklahoma State Board of Osteopathic Examiners was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners

4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

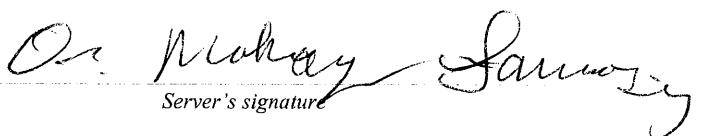
I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) C. MICHAEL OGLE, D.O., in his official capacity as a member of the Oklahoma State Board of Osteopathic Examiners was received by me on (date) 05/05/2023

I personally served the summons on the individual at (place)

on (date) ; or

I left the summons at the individual's residence or usual place of abode with (name)

, a person of suitable age and discretion who resides there,

on (date) , and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) Elizabeth Fullbright, Agent/Investigator , who is designated by law to accept service of process on behalf of (name of organization) Oklahoma State Board of Osteopathic Examiners

4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on (date) 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other (specify):

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
\_\_\_\_\_  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:  
Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* CHELSEY D. GILBERTSON, D.O., in her official capacity as a member of the Oklahoma State Board of Osteopathic Examiners was received by me on *(date)* 05/05/2023 .

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners

4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because

; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* UNIVERSITY HOSPITALS AUTHORITY was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (*name of individual and title, if any*) **UNIVERSITY HOSPITALS TRUST**  
was received by me on (*date*) **05/05/2023**

I personally served the summons on the individual at (*place*)

on (*date*) \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with (*name*)

, a person of suitable age and discretion who resides there,

on (*date*) \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

I served the summons on (*name of individual*) **Alejandro Rodriguez/Receptionist** , who is  
designated by law to accept service of process on behalf of (*name of organization*) **University Hospitals Authority and trustee**  
of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on (*date*) **05/05/2023** ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other (*specify*): \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ **0.00**

I declare under penalty of perjury that this information is true.

Date: **05/05/2023**

  
*Makayla Saramosing*  
Server's signature

**MAKAYLA SARAMOSING/PROCESS SERVER**

*Printed name and title*

**6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112**

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)*  
was received by me on *(date)* 05/05/2023

RANDY DOWELL, in his official capacity as Chief Executive Officer of University Hospitals Authority and University Hospitals Trust

I personally served the summons on the individual at *(place)*

on *(date)* 05/05/2023; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* 05/05/2023, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist, who is  
designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee  
of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify):*

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramosing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)*  
was received by me on *(date)* **05/05/2023**

G. RAINY WILLIAMS, JR., in his official capacity as Chair of  
the Board of Directors of the University Hospitals Authority and  
trustee of the University Hospitals Trust

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* **Alejandro Rodriguez/Receptionist** , who is  
designated by law to accept service of process on behalf of *(name of organization)* **University Hospitals Authority and trustee**  
**of the University Hospitals Trust**

**1000 NE 13th Street #6900, Oklahoma City, OK 73105** on *(date)* **05/05/2023** ; or

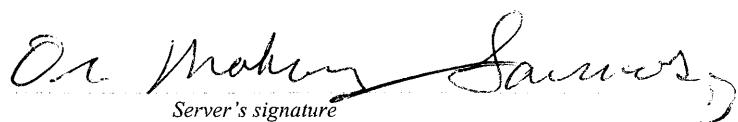
I returned the summons unexecuted because

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ **0.00**.

I declare under penalty of perjury that this information is true.

Date: **05/05/2023**

  
*Server's signature*

**MAKAYLA SARAMOSING/PROCESS SERVER**

*Printed name and title*

**6051 N. Brookline Avenue, Suite 129**  
**Oklahoma City, Oklahoma 73112**

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* JIM EVEREST, in his official capacity as Vice-Chair of the Board of Directors of the University Hospitals Authority and trustee of the University Hospitals Trust  
was received by me on *(date)* 05/05/2023

- I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_ ; or
- I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_,  
a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee  
of the University Hospitals Trust  
1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or
- I returned the summons unexecuted because \_\_\_\_\_ ; or
- Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Server's signature*

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* ANTHONY F. KEATING, III, in his official capacity as Secretary of the Board of Directors of the University Hospitals Authority and trustee of the University Hospitals Trust was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other *(specify):*

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
\_\_\_\_\_  
*Makayla Saramosing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* GARY E. RASKOB, in his official capacity as a member of the Board of Directors of the University Hospitals Authority and trustee of the University Hospitals Trust was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

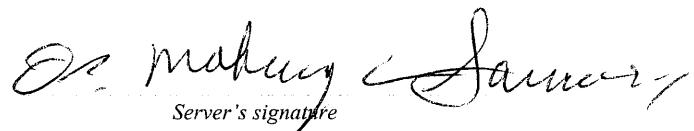
I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* KEVIN CORBETT, in his official capacity as member of the Board of Directors of the University Hospitals Authority and trustee of the University Hospitals Trust  
was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is  
designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee  
of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other *(specify):*

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*On May 5, 2023*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER  
Printed name and title

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* OU MEDICINE, INC. d/b/a OU HEALTH, an Oklahoma not-for-profit corporation  
was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Paula Cobb/Receptionist , who is  
designated by law to accept service of process on behalf of *(name of organization)* OU MEDICINE, INC. d/b/a OU HEALTH  
1833 South Morgan Road, Oklahoma City, Oklahoma 73128 on *(date)* 05/05/2023 ; or

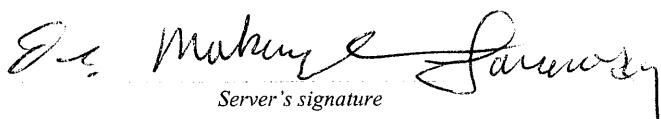
I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramosing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* DR. RICHARD LOFGREN, in his official capacity as President and Chief Executive of OU Health  
was received by me on *(date)* 05/05/2023

I personally served the summons on the individual at *(place)*

on *(date)* ; or

I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Shawnee Rodney/Associate Vice-President , who is designated by law to accept service of process on behalf of *(name of organization)* OU Health

700 NE 13th Street, Oklahoma City, Oklahoma 73104 on *(date)* 05/05/2023 ; or

I returned the summons unexecuted because ; or

Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023

  
*Makayla Saramosing*  
Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

*Printed name and title*

6051 N. Brookline Avenue, Suite 129  
Oklahoma City, Oklahoma 73112

*Server's address*

Additional information regarding attempted service, etc:

Description:

Age: 50 Sex: Male Hair: Brown Glasses: No Beard: No Green eyes